

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt. Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/20/17

M/V Crash 2017-04066

Officer: Off. A. Beckman #16

Squad #505

1. Classification I.

- a. The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

2. Classification II.

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from Dept. Rules and Regulations, Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 1a.

ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets

DRAC U1 1	PEDV U2 1	TRFD 1	TRFC 1	WEAT 1	DRVA U1 9	VIS U2 1	VEHD U1 8	VEHD U2 1	VEHD U1 99	VEHD U2 1	LGHT 1	COLL 15	MANV U1 23	MANV U2 1	PPA 99	PPL 9
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P0113 *U130278021*

INVESTIGATING AGENCY Norridge PD		DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input checked="" type="checkbox"/> OVER \$1,500		TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED		<input type="checkbox"/> A No Injury / Drive Away <input checked="" type="checkbox"/> B Injury and / or Tow Due To Crash		AGENCY CRASH REPORT NO. 17 00004066		TRFW 7	
ADDRESS NO. 4104		HIGHWAY or STREET NAME N. Harlem Ave.		<input checked="" type="checkbox"/> City Norridge Township <input type="checkbox"/>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH 4/13/17		TIME 2:54 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
(CIRCLE) FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH		(CIRCLE) Parking lot (NAME OF INTERSECTION OR ROAD FEATURE)		COUNTY Cook		PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 2	

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) Chavez - Marquez, Ofelia		DATE OF BIRTH 2/4		MAKE Mazda		MODEL Protege 5		YEAR 2003		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 4		TOWED DUE TO CRASH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		NO. LANES 2	
STREET ADDRESS [REDACTED]		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SAFT <input type="checkbox"/> AIR		PLATE NO. [REDACTED]		STATE IL		YEAR 2017		VIN [REDACTED]		INSURANCE CO. none		VEHU 2	
CITY Chicago		STATE IL		ZIP 60634		INJURY 0		EJECT 1		VEHICLE OWNER (LAST, FIRST MI.) Chavez, Ofelia		TELEPHONE [REDACTED]		POLICY NO. [REDACTED]	
TELEPHONE 773-[REDACTED]		DRIVER LICENSE NO. none		STATE [REDACTED]		CLASS [REDACTED]		OWNER ADDRESS (STREET, CITY, STATE, ZIP) Same		TAKEN TO refused		EMS AGENCY refused		U1 2	

NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NCV (LAST, FIRST, MI) Beckman, Anthony		DATE OF BIRTH 2/4		MAKE Ford		MODEL Crown Victoria		YEAR 2011		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 2		TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input checked="" type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		NO. LANES 6	
STREET ADDRESS 4020 N. Olcott		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> SAFT <input type="checkbox"/> AIR		PLATE NO. MP7110		STATE IL		YEAR 00		VIN 2FABP7BV3BX104420		INSURANCE CO. Underwriters at Lloyd's London (IL)		VEHU 6	
CITY Norridge		STATE IL		ZIP 60706		INJURY C		EJECT 1		VEHICLE OWNER (LAST, FIRST MI.) Village of Norridge		TELEPHONE 708-453-4770		POLICY NO. BGA3005405	
TELEPHONE 708-453-4770		DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4020 N. Olcott Norridge, IL 60706		TAKEN TO N/A		EMS AGENCY N/A		U1 96	

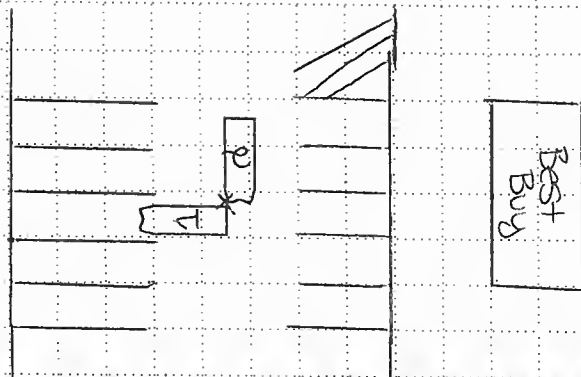
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY (NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		11								
		11								
		11								
		11								
		11								

UNIT 1		EVNO 1		MOST 1		EVNT 1		LOC 1		DAMAGED PROPERTY OWNER NAME Norridge Police Department		DAMAGED PROPERTY #505 Squad car		CONTRIBUTORY CAUSE(S) PRIMARY 30		POSTED SPEED LIMIT 10		DID CRASH OCCUR IN A WORK ZONE? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
UNIT 1		2		3		4		5		PROPERTY OWNER ADDRESS 4020 N. Olcott		CITY Norridge		STATE IL		ZIP 60706		IF YES CHECK ONE BELOW: <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> UNKNOWN WORK ZONE TYPE	
UNIT 1		1		2		3		4		ARREST NAME Chavez, Ofelia		SECTION 11-1402		CITATION NO. YE-145-318		DATE POLICE NOTIFIED 4/13/17		TIME NOTIFIED 2:54 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
UNIT 1		2		3		4		5		ARREST NAME		SECTION 6-101		CITATION NO. YE-145-319		COURT DATE 5/22/17		COURT TIME 9:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	
UNIT 2		1		2		3		4		OFFICER ID. 23		SIGNATURE [Signature]		BEAT / DIST. 503		SUPERVISOR ID 108		WORKERS PRESENT? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS

U130278021

A **Diagram** and **Narrative** are required on all **Type B** crashes, **even if** units have been moved prior to the officer's arrival.

INDICATE NORTH
BY ARROW

Harlem Ave.

Not to
Scale

NARRATIVE (Refer to vehicle by Unit No.)

Unit #2 was traveling S/B in the lower level parking lot of Best Buy located at 4104 W. Harlem Ave. Unit #2 sounded horn as Unit #1 reversed out of parking space. Unit #1 could not stop in time, causing Unit #1 to strike the front passenger fender of Unit #2. Unit #2 is a police vehicle. The driver of Unit #1 was placed into custody (see RD#20170004066). Driver of Unit #2 was sent to US Healthworks in Schiller Park, IL.

LOCAL USE ONLY

U1 Color Silver U2 Color white
U1 Towed by / to Village Tow 9344 W. Byron
Schiller Park, IL. U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

USDOT NO. _____ ILCC NO. _____

Source of above info: ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR) _____

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard _____

4-digit UN no. _____

1-digit Hazard Class no. _____

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No. _____

IDOT PERMIT NO. _____ WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐ ☐ ☐TRAILER 2 ☐ ☐ ☐

TRAILER LENGTH(S): 1 _____ ft TRAILER 2 _____ ft

TOTAL VEHICLE LENGTH _____ ft NO. OF AXLES _____

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION _____

CARGO BODY TYPE _____ LOAD TYPE _____